

# **Fee-for-Service Portal Submission *CMS-1500* Secondary Claims**

**Indiana Health Coverage Programs  
DXC Technology  
Annual Provider Seminar – October 2019**



# Agenda

- Advantages to Secondary Claim Submission on the Portal
- Is Primary Explanation of Benefits (EOB) Required?
- *Other Insurance* (Third-Party Liability) on the Portal
- Medicare or Medicare Replacement Plan Information on the Portal
- Claim Attachments
- *Other Insurance* (TPL) Updates on the Portal
- Reminder
- Helpful Tools
- Questions



# **Advantages to Secondary Claim Submission on the Portal**



# Advantages to Secondary Claim Submission on the Portal

- **Immediate** claim status result
- Faster payment
- Easy and efficient
- Electronic attachments
- No additional forms to complete
- Nothing to submit by mail



# Is Primary EOB Required?

# Primary EOB *IS* Required for *Other Insurance* (TPL)

- When the third-party liability (TPL) carrier has **DENIED** the service as ***noncovered***
  - *Exception* – If the **TPL primary EOB contains an acceptable denial adjustment reason code (ARC)**, the secondary windows can be completed with the ARC code, and no EOB is required
- When TPL carrier has applied the ***entire*** amount to the copay, coinsurance, or deductible – **PAID** at \$0.00



- Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.
- The secondary windows may be completed to bypass the need for the primary EOB attachment for **Commercial Insurance CLAIMS only.**



# Primary EOB *IS NOT* Required for *Other Insurance* (TPL)

When the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim:

- Actual dollars were received
- Balance is applied to deductible, copayment, or coinsurance



# Primary EOB *IS* Required for *Medicare/Medicare Replacement Plans*

When Medicare or the Medicare Replacement Plan ***DENIES*** the service

- Services that are ***NONCOVERED*** by the primary insurance are ***NOT*** filed as a secondary claim.
- **Reminder:** When Replacement Plan EOB is required, write ***MEDICARE REPLACEMENT PLAN*** on the EOB.





# Primary EOB *IS NOT* Required for *Medicare/Medicare Replacement Plans*



When the Medicare or Medicare Replacement Plan **COVERS** the service:


- Actual dollars were received, *OR*
- Entire or partial amount was applied to deductible, coinsurance, or copay

# ***Other Insurance (TPL) Information*** **on the Portal**



# Other Insurance (TPL)

## VERIFY ELIGIBILITY

Other Insurance Details 						
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
ADVANCED PARADIGM (0013197)	909 E COLLINS BLVD TPL RICHARDSON, TX 75081					PHARMACY
ANTHEM BC/BS (0013444)	PO BOX 105187 ATLANTA, GA 30348	1-800-676-2583				MEDICAL

- The TPL reported on the claim should match what is on the eligibility:
  - If it does not, a TPL update should be submitted (Exception – Pharmacy information)

# Other Insurance (TPL) – Header

**Claim Information**

Claim Header Instructions

Hospital From Date	<input type="text"/>		Hospital To Date	<input type="text"/>	
Date Type	<input type="text"/>	▼	Date of Current	<input type="text"/>	
Accident Related	<input type="text"/>	▼	Authorization Number	<input type="text"/>	
*Patient Number	<input type="text"/>		Special Program	<input type="text"/>	
Medical Record Number	<input type="text"/>				

\*Does the provider have a signature on file? ☒ Yes ☐ No

\*Does the provider accept assignment for claim processing? ☒ Yes ☐ No ☐ Clinical Lab Services Only

\*Are benefits assigned to the provider by the patient or their authorized representative? ☒ Yes ☐ No ☐ N/A

\*Does the provider have a signed statement from the patient releasing their medical information? ☒ Yes ☐ No

Include Other Insurance ☒

Total Charged Amount \$0.00

**Continue** **Cancel**

*If the primary insurance covers the service, check the box.*



# Other Insurance (TPL) – Header

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>					—	<a href="#">Remove</a>

[+](#) Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

- Verify that the carrier name shows the correct insurance
- Remove any insurance that should not be listed
- Click the **1** by the carrier name to complete the information

Click the **+** to add the correct TPL if not listed

# Other Insurance (TPL) – Header

The TPL carrier ID can be the same as the carrier name

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	ANTHEM BC/BS	0013444			–	<a href="#">Remove</a>

Carrier Name ANTHEM BC/BS

Carrier ID 0013444

*Policy Holder Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="checkbox"/>
Policy Holder Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
				Country Code	<input type="text"/>
*Policy ID	<input type="text"/>	SSN	<input type="text"/>		
*Relationship to Patient	<input type="text"/>	*Claim Filing Code	<input type="text"/>		
Group ID	<input type="text"/>	Policy Name	<input type="text"/>		
TPL/Medicare Paid Amount	<input type="text"/>	Paid Date	<input type="text"/>		
Claim ID	<input type="text"/>				
Referral Number	<input type="text"/>	tion Number	<input type="text"/>		

Paid amount on the ENTIRE claim

# Other Insurance (TPL) – Header

*Policy Holder Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="checkbox"/>
Policy Holder Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
				Country	<input type="text"/>
				Code	
*Policy ID	<input type="text"/>	SSN	<input type="text"/>		
*Relationship to Patient	<input type="text"/>	*Claim Filing Code	<input type="text"/>		
Group ID	<input type="text"/>	Policy Name	<input type="text"/>		
TPL/Medicare Paid Amount	<input type="text"/>	Paid Date	<input type="text"/>		
Claim ID	<input type="text"/>	Authorization Number	<input type="text"/>		
Referral Number	<input type="text"/>				

01-Spouse  
18-Self  
19-Child  
20-Employee  
21-Unknown  
39-Organ Donor  
40-Cadaver Donor  
53-Life Partner

16-Health Maintenance Organization (HMO)  
17-Dental Maintenance Organization  
AM-Automobile Medical  
BL-Blue Cross/Blue Shield  
CH-Champus  
CI-Commercial Insurance Co.  
DS-Disability  
FI-Federal Employees Program

How the member is related to the person who holds the insurance

Always “CI” for TPL

# Other Insurance (TPL) – Header

**Claim Adjustment Details**

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
<div><div><div>*Claim Adjustment Group Code</div><div>*Reason Code</div><div>*Adjustment Amount</div></div><div><div></div><div></div><div></div></div></div> <div><div>Add</div><div>Cancel</div></div>					

Save

Cancel

☐ Click to add a new other insurance.

Back to Step 1

Continue

Cancel

Claim adjustment details are **NOT** completed for TPL, unless there is an acceptable denial ARC code



# Other Insurance (TPL) – Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

**Refresh Other Insurance**

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>	ANTHEM BC/BS	0013444		\$25.00		<a href="#">Remove</a>

 Click to add a new other insurance.

**Back to Step 1**

**Continue**

**Cancel**

# Other Insurance (TPL) – Detail

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$100.00	1.00 Unit	<a href="#">Remove</a>

## Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
---	------------	--------------------------	-----------	--------

 Click to collapse.

\*Other Carrier

\*TPL/Medicare Paid Amount

\*Paid Date

Paid amount for this detail only

[Add](#)

[Cancel](#)

## NDC for Service Detail

## Note for Service Detail

[Save](#)

[Cancel](#)


Repeat process for *all* service details

# **Medicare or Medicare Replacement Plan Information on the Portal**










# Medicare/Medicare Replacement Plan

## VERIFY ELIGIBILITY

Other Insurance Details 						
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
Medicare						MEDICARE A
Medicare						MEDICARE B
Medicare						MEDICARE PART D

Medicare Replacement Plans should **NOT** show on the eligibility.

# Medicare/Medicare Replacement Plan Header

Claim Information	
Claim Header Instructions	
Hospital From Date 	Hospital To Date 
Date Type 	Date of Current 
Accident Related 	
*Patient Number	Authorization Number
Medical Record Number	Special Program 
*Does the provider have a signature on file? <input checked="" type="radio"/> Yes <input type="radio"/> No	
*Does the provider accept assignment for claim processing? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only	
*Are benefits assigned to the provider by the patient or their authorized representative? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
*Does the provider have a signed statement from the patient releasing their medical information? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Include Other Insurance 	Total Charged Amount \$0.00
<div>Continue Cancel</div>	

*If the primary insurance covers the service, check the box.*

# Medicare/Medicare Replacement Plan *Header*

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>					—	<a href="#">Remove</a>

[+](#) Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

- Verify that the carrier name shows the correct insurance
- Remove any insurance that should not be listed
- Click the **1** by the carrier name to complete the information

Click the **+** to add the correct TPL if not listed

# Medicare/Medicare Replacement Plan Header

## Other Insurance Details


Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
---	--------------	------------	----------	--------------------------	-----------	--------

 Click to collapse.

\*Carrier Name Medicare B

\*Carrier ID 08102

**Medicare Replacement Plan name and carrier ID can be the name of the plan**  
**Example: UHC**

\*Policy Holder Last Name

\*First Name

MI

Policy Holder Address

City

State

ZIP Code

Country

Code

\*Policy ID

SSN

\*Relationship to Patient

\*Claim Filing Code

Group ID

Policy Name

TPL/Medicare Paid Amount

**Paid amount on the ENTIRE claim**

Paid Date

Claim ID

Referral Number

Authorization Number

# Medicare/Medicare Replacement Plan Header

*Policy Holder Last Name	<input type="text"/>	*First Name	<input type="text"/>	MI	<input type="checkbox"/>
Policy Holder Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
				Country	<input type="text"/>
				Code	
*Policy ID	<input type="text"/>	SSN	<input type="text"/>		
*Relationship to Patient	<input type="text"/>	Claim Filing Code	<input type="text"/>		
Group ID	<input type="text"/>	Policy Name	<input type="text"/>		
TPL/Medicare Paid Amount	<input type="text"/>	Paid Date	<input type="text"/>		
Claim ID	<input type="text"/>				
Referral Number	<input type="text"/>	Authorization Number	<input type="text"/>		

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner

- 15-Indemnity Insurance
- 16-Health Maintenance Organization (HMO) Medicare Risk
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- MB-Medicare Part B
- OF-Other Federal Program
- TV-Title V

**“16” – Medicare Replacement Plans**  
**“MB” – Medicare B**



# Medicare/Medicare Replacement Plan Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>	Medicare	08102		\$25.00	—	<a href="#">Remove</a>

[+](#) Click to add a new other insurance.

## Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
---	-----------------------------	-------------	-------------------	-------	--------

[-](#) Click to collapse.

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

Adjusted Units

[Add](#)

[Cancel](#)

[Save](#)

[Cancel](#)

PR – Patient responsibility

Adjustment amount is the patient responsibility on the **ENTIRE** claim

1 – Deductible amount  
2 – Coinsurance amount  
3 – Copayment amount

[+](#) Click to add a new other insurance.

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

# Medicare/Medicare Replacement Plan *Detail*

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$100.00	1.00 Unit	<a href="#">Remove</a>

## Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
---	------------	--------------------------	-----------	--------

☐ Click to collapse.

\*Other Carrier

\*TPL/Medicare Paid Amount

\*Paid Date

Add

Cancel

Paid amount for this detail only

# Medicare/Medicare Replacement Plan Detail

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<a href="#">1</a>	Medicare	08102		\$25.00	–	<a href="#">Remove</a>

[+](#) Click to add a new other insurance.

## Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
---	-----------------------------	-------------	-------------------	-------	--------

[-](#) Click to collapse.

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

Adjusted Units

[Add](#)

[Cancel](#)

[Save](#)

[Cancel](#)

PR – Patient responsibility

Adjustment amount is the  
patient responsibility  
**ON JUST THIS DETAIL**

1 – Deductible amount  
2 – Coinsurance amount  
3 – Copayment amount

[+](#) Click to add a new other insurance.

[Back to Step 1](#)

Repeat process for *all* service details

[Continue](#)

[Cancel](#)

# Claim Attachments

# Claim Attachments

When the primary EOB is required, use the “*Attachments*” feature

**Attachments**

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

☐ Click to collapse.

\*Transmission Method

FT-File Transfer ▼

\*Upload File

Choose File No file chosen

\*Attachment Type

Add

Cancel

Submit electronically through file transfer

Search for the file from the documents saved in your files:

- Attachment file size limit is 5 MB, and valid file types for upload include .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff
- Word and Excel files are not valid

# Claim Attachments

Attachments	
Click the <b>Remove</b> link to remove the	
#	Transmission Method
<input type="checkbox"/>	Click to collapse.
*Transmission Method	<div> <div>BT-Blanket Test Results</div> <div>CB-Chiropractic Justification</div> <div>CK-Consent Form(s)</div> <div>CT-Certification</div> <div>D2-Drug Profile Document</div> <div>DA-Dental Models</div> <div>DB-Durable Medical Equipment Prescription</div> <div>DG-Diagnostic Report</div> <div>DJ-Discharge Monitoring Report</div> <div>DS-Discharge summary</div> <div>EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)</div> <div>EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)</div> </div>
*Upload File	
*Attachment Type	
<div> <div>Add</div> <div>Cancel</div> </div>	
Claim Note Information	
<div> <div>Back to Step 1</div> <div>Back to Step 2</div> <div>Submit</div> <div>Cancel</div> </div>	

# Submit the Claim

The screenshot displays the 'INDIANA MEDICAID for Providers' portal. At the top, there is a navigation bar with links: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, a breadcrumb trail shows 'Claims > Claim Receipt'. A green box contains the text 'Delegate for' and 'Role IDs' with a dropdown menu set to 'Provider - In Network -'. The main content area is titled 'Submit Institutional Claim: Confirmation' and 'Institutional Claim Receipt'. It states: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' Below this, it says 'The Claim ID is' followed by a red-outlined empty box. A red arrow points from this box to a yellow callout box. The callout box contains the text: 'Attachments may cause the claim to be *Pending in Process*'. At the bottom, there are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Claim Receipt

Delegate for Role IDs Provider - In Network -

**Submit Institutional Claim: Confirmation**

**Institutional Claim Receipt**

Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.

The Claim ID is

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Edit** to resubmit the claim.

Click **New** to submit a new claim.

**Print Preview** **Copy** **Edit** **New**

Attachments may cause the claim to be *Pending in Process*

# ***Other Insurance*** **(TPL) Updates on the Portal**



# TPL Updates Using Secure Correspondence

The screenshot displays the 'INDIANA MEDICAID for Providers' web portal. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, a 'Delegate for' section shows a dropdown menu set to 'Provider - In Network'. The main content area features a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a central image of two healthcare professionals, and a sidebar with 'User Details' and 'Provider' information. On the right side, there are links for 'Contact Us', 'Notify Me', and 'Secure Correspondence'. The 'Secure Correspondence' link is highlighted with a red rectangular box.

Secure Correspondence is a delegate function assigned when the delegate is added to a service location.

# TPL Updates Using Secure Correspondence

## Secure Correspondence - Message Box

[Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 11

<u>Status</u>	<u>Subject</u>	<u>Message Category</u>	<u>Date Opened</u> ▼	<u>Date Closed</u>
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		

- Previously submitted correspondence messages and status are listed
- Responses are specific to the service location the correspondence was submitted under



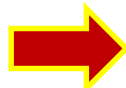
# TPL Updates Using Secure Correspondence

## Secure Correspondence - Create Message

[Back to Message Box](#) 

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

\* Indicates a required field.



\*Subject

\*Message Category

▼

Appeal

Banking/Financial/RA

Claim Inquiry

Coverage Inquiry

Enrollment

Other

Portal Assistance

TPL Update

Administrative Review Request

\*Email Address

\*Confirm Email Address

Member ID

Claim Number

Date of Service

To

Medicaid Paid Amount

Paid Date

Provider/Facility

\*Message

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png  
Size limit for attachments is 5MB.

# TPL Updates Using Secure Correspondence

**Secure Correspondence - Create Message**[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

\* Indicates a required field.

\* Subject

\* Message Category

\* Email Address

\* Confirm Email Address

Member ID

Claim Number

Date of Service  To


Medicaid Paid Amount

Paid Date

Provider/Facility

\* Message 

Member no longer has Aetna Insurance Policy ID.....  
Submitted claim for DOS 5.8.2017 for office visit - claim denied for no coverage



# TPL Updates Using Secure Correspondence

Add any available attachments to support the request.

**Attachments**

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
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☐ Click to collapse.

\*Transmission Method

FT-File Transfer ▼

\*Upload File

Choose File

No file chosen

\*Attachment Type

▼

01-Primary payer EOBs, including Medicare

02-Invoices or MSRP

03-Medical records

04-Consent forms

05-Remittance Advice (RA)

06-Screen prints

07-Admin Review Request Form

08-Claim/Correspondence

09-Other

Add

Cancel

Send

Cancel

Add

Cancel

Send

Cancel

# Reminder

# Claim Filing Limit

The IHCP mandated a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019. Refer to [BT201829](#), published on June 19, 2018, for additional details.

- The 180-day filing limit is effective based on date of service:
  - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
  - Dates of service before January 1, 2019, are subject to the 365-day filing limit



# Helpful Tools



# Helpful Tools

## Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

# Helpful Tools

## **IHCP website at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):**

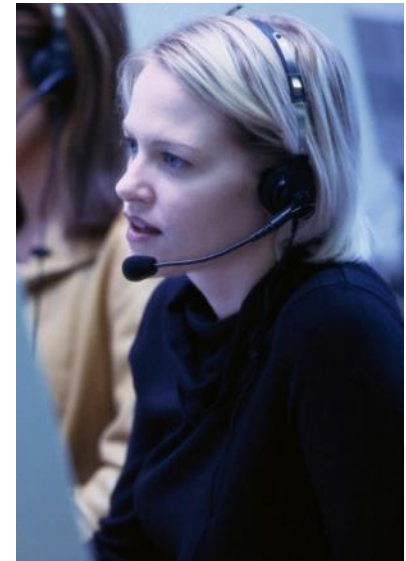
- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

## **Customer Assistance available:**

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

## **Secure Correspondence:**

- Via the Provider Healthcare Portal  
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



# Questions

**Please review your schedule for the next session  
you are registered to attend**

# Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1043>

